



1 **RESPONSE TO INTERROGATORY NO. 73:**

2 Plaintiff prefers not to release such photographs at this time.

3 **RESPONSE TO INTERROGATORY NO. 74:**

4 Plaintiff worked seasonally as a cashier for a catering company from 1968 to 1983, then for
5 the Arkansas Racing Commission in Little Rock, AR from approximately 1984 to 1993.

6 **RESPONSE TO INTERROGATORY NO. 75:**

7 Yes.

8 **RESPONSE TO INTERROGATORY NO. 76:**

9 (a) March 2, 2001;
10 (b) Decedent did not attempt to revoke or invalidate his will;
11 (c) No;
12 (d) **REDACTED**

13 **RESPONSE TO INTERROGATORY NO. 77:**

14 No.

15 **RESPONSE TO INTERROGATORY NO. 78:**

16 No.

17 **RESPONSE TO INTERROGATORY NO. 79:**

18 (a) **REDACTED**
19 (b) All twelve months

20 **RESPONSE TO INTERROGATORY NO. 80:**

21 No.

22 **RESPONSE TO INTERROGATORY NO. 81:**

23 Plaintiff objects to this interrogatory because it is irrelevant to the subject matter herein and
24 not likely to lead to admissible evidence.

25 **RESPONSE TO INTERROGATORY NO. 82:**

26 No.

27 **RESPONSE TO INTERROGATORY NO. 83:**

28 No.

KAZAN, MCCLAIN,
EDSES, SIMON &
ABRAMS
A PROFESSIONAL
LAW CORPORATION
171 TWENTH STREET
THIRD FLOOR
OAKLAND, CA 94607
(510) 465-7228
(510) 863-7211
FAX (510) 835-4013



1 **RESPONSE TO INTERROGATORY NO. 84:**

2 The decedent provided love, care, comfort, guidance, personal services, and financial
3 support to his wife and to his daughter. These services were provided to his wife throughout their
4 marriage, and to his daughter for which he received no compensation other than the love, care and
5 comfort they provided.

6 **RESPONSE TO INTERROGATORY NO. 85:**

7 Yes. Plaintiff will seek the guidance of a jury to compute the value of the love, care,
8 society, personal services, and guidance lost by the death of the decedent. Discovery is continuing.

9 **RESPONSE TO INTERROGATORY NO. 86:**

10 and were married for over fifty-three years, and
11 shared a loving and caring relationship. They enjoyed travel together in their R.V., fishing,
12 visiting friends and relatives, golf, and socializing.

13 **RESPONSE TO INTERROGATORY NO. 87:**

14 Plaintiff and decedent have always lived together; thus plaintiff spent each day with
15 decedent during the last five years of his life.

16 **RESPONSE TO INTERROGATORY NO. 88:**

17 Plaintiff objects to this interrogatory because it is vague and ambiguous.

18 **RESPONSE TO INTERROGATORY NO. 89:**

19 No.

20 **RESPONSE TO INTERROGATORY NO. 90:**

21 Plaintiff objects to this interrogatory because it seeks information which is protected from
22 disclosure by Revenue and Tax Code Section 19542. Without waiving this objection, plaintiff
23 responds: See response to Interrogatory No. 54 herein as well as decedent's response to
24 Interrogatories Nos. 50 and 54 of his Responses to Standard Defense Interrogatories, and his
25 deposition testimony.

26 //

27 //

28 //

KAZAN, McCLEIN,
EDGES, SIMON &
ABRAMS
A PROFESSIONAL
LAW CORPORATION
171 TWELFTH STREET
THIRD FLOOR
OAKLAND, CA 94607
(510) 455-7728
(510) 822-7211
FAX (510) 855-4013



1 RESPONSE TO INTERROGATORY NO. 91:

2 KAZAN, McCLAIN, EDISES, SIMON & ABRAMS, A Professional Law Corporation,

3 171 Twelfth Street, Third Floor, Oakland, California 94607, telephone (510) 465-7728.

4 DATED: December 1, 2001 KAZAN, McCLAIN, EDISES, SIMON & ABRAMS

A Professional Law Corporation

5 By

6 
GORDON D. GREENWOOD

7 Attorneys for Plaintiffs

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KAZAN, McCLAIN,
EDISES, SIMON &
ABRAMS
A PROFESSIONAL
LAW CORPORATION
171 TWELFTH STREET
THIRD FLOOR
OAKLAND, CA 94607
(510) 465-7728
(510) 893-7218
FAX (510) 435-0133



Exhibit A
U.S. Navy - *U.S.S. Gansevoort*

Elwin E. Ake	Donald R. Woods
Dean F. Arnold	Ferry Woods
Len Gean Bailey	David H. Woollum
David J. Bell	Gordon D. Yoakum
William R. Brown	Richard M. Yost
Holt F. Cox	
James F. Cutting	
Walter L. Dean	
Thomas E. De Loach, Jr.	
Francis C. Doherty	
John C. Doten	
Andrew Dowyak	
Donald P. Eklund	
Carl H. Erickson	
Havard W. Evans	
William D. Garrison	
Richard J. Godfrey	
Richard I. Hatten	
William D. Haupt, Jr.	
Jack Kronenberg	
Clifton J. Lemonie, Jr.	
James D. Lofton	
James S. Marino	
Francis M. Matson	
Bennett D. Mc Corkle, Jr.	
John L. Mello	
Sherman R. North	
Sam A. Novello	
Gayle K. Osborne	
Rocco L. Pagnozzi	
Hubert W. Price	
Franklin J. Riggs	
Edward A. Savage	
Adelaido G. Segura	
Joseph Sobel	
John M. Steinbeck	
Harold W. Thorpe	
Clayton "D" Thrash	
Nealy L. Vinson	
Dwight F. Wear	
John A. Willoughby	
Chester B. Wisecup	
Raymond Witten	



Exhibit B
U.S. Airforce - Rescue Boats

Lester Adams
Robert Adams
Joel Alford
Nat Banks
James Cameron
Robert Dalton
Nils Diaz
George Fogle
Ras Friend
Frank Hudson
Hillard Montgomery
Joseph Muller
Ed Orr
Fred A. Primo
Stanley Seacord
William Simpson
John Whiteford



HUNTERS POINT NAVAL SHIPYARD

Richard Aceves	John Cabral	Charles E. Black	Thomas Hawkins
Ken Adams	John Capitolo	James E. Clark	Nathaniel Hayler
Raymond Aguilar	John Carter	Jack Eggiman	Enoch Henderson
George Alexander	Ocie Carter	Richard Elsa	Richard Herrera
Reedy Alvis	J.C. Caruthers	Gilbert Estrada	Tom Hixon
Willie Ambrose, Jr.	Jerry Casaba	Columbus Evans	Maurice Hoffman
John Anderson	Mann Christian	Stokes Evans	Robert Hogberg
Richard Anderson	Leon Clapp	Chris F. Burmer	Joseph Hoke
Joseph Andrade	Leon Clark	William F. Michels	Martin Honore
John Arnett	M.C. Clinton	Phil Facciola	William Hopkins
Leo Ashley	Alvin Collins	Jack Fahrney	William Hopkins
August Avanzino	Harvey Collins	Elbert Fairbanks	L. Hue Crosby
Roosevelt B. Jones	Edward Converse	Everett Ferguson	Edwin Hunt
William B. Green	Thomas Corey	Richard Finlayson	Jack Irasmith
Roger Bailey	Ed Costello	Charles Fladger	L.C. Isome
Herman Bannett	Wilson Coxby	Robert Flippin	Sidney J. Fogerty
Louis Barella	Lehman Cozby	Mario Franco	Earl Jackson
John Baron	George Craig	Edward Gardner	Gaylord Jesmer
Joe Barty	John Crane	Eldridge Gardner	William Johnson
David Batis	Alanza Cribbs	John Gaucci	Elbert Jones
Plumer Bell	William Crittenden	Ernest Gill	Joseph Jones
Ruby Belton	Owen Crocker	G.J. Giona	Joseph Kelley
Milton Belway	Belton Currington	Julius Gladysz	Ralph Kesler
Alan Bendowski	Benjamin	Sanford Goldstein	Arnold Klahn
John Benson	Davenport	George Gonzales	Julius Klpeenger
Nelson Best	Clyde Davis	Bennie Grandy	John Knutson
Jack Blanchard	Lawrence Davis	Travis Green	Herbert Krause
Jack Bloss	John Davis	Louis Greer	John Kyle
Ambrose Bottarini	Leon Deal	Otis Griffin	Everett L. Lund
David Boynton	Donald Dean	Jim Groins	Rose Lange
Harrison Bozman	Harry Delay (dec)	Tony Guardino	Rocky Larocca
Harold Brett	Bernard Delley	Nathaniel Hagler	Luciano LaRocca
Dominic Britz	Nathaniel Dew	Sevrin Halgreen	Victor Lawrence
Joseph Brooks	Frank Dride	Victor Hamilton	Isaac Lawson
Herman Burkett	Alonzo Dukes	Edward Hannon	Walter Lee
S.B. Burks	Harry Duskey	Milton Harry Lyshier	Ozel Lee
Aarthur Burnett	Harry Dutton	Joseph Hathaway	Richard Long



HUNTERS POINT NAVAL SHIPYARD

James Louis Porter	Edward Pfeil	John Sutton
Eddie M. Jackson	Floyd Pittman	Booker T. Rockett
George Maillot	William Pitts	Moses T. Hall
Ore Maoline	Ira Porter	Ed Therrian
Joseph Marenco	David Prescott	Leon Thibaux
Shedrick Martin	John Purdy	Carl Turk
David Mason	Clyde Ramsey	Leo Vanderhorst
Joseph McCloskey	Leland Ray	Joseph Vaultz
Vincent McDayle	Ed Realini	Columbus Walton
Henry McDonald	Nelson Reed	Calvin Warner
Marvin McFadden	Fred Reichardt	Carrell Washington
R.G. McGarvey	Dean Reimers	James Weaver
Patrick McKenna	Ray Richetti	David Welch, Jr.
Barney Meek	Joseph Ritchie	George Werdahl
Olan Meeker	Steve Robertson	Herb Werner
R.G. Mercado	Nathan Robinson	Otis Wesley
Gino Micheli	John Rojas	Elmer West
Daniel Mills	Eugene Rosa Riggs	Elmer West
John Moore	William Rounds	Manuel Williams
Lamy Moran	Ernest Russell	Elwood Wilson
Joseph Joseph	David S. Lewis	Robert Winkler
Mossaki	Zephaniah Samm	Del Wittner
Frank Moreno	Joseph Sandoval	Albert Wong
John Morse	Martin Schlichting	William Woolsey
Ralph Morse	Raymond	Matt Woons
Lou Mossi	Schnittger	Fred Yam
Mose Mouton	Robert Sebanc	Shubert Yee
Randolph Mundy	George Sell	Frank Young
John Musante	Frank Sikie	George Young
De Nelson Durr	Arthur Skinner	Leonard Zumel
William Newcomb	William Smith	
Bernie Orey	Bill Smith	
Kenneth Osako	William Sparks	
Willie Parler	Howard Stovall	
Dwight Partell	John Straba	
Lester Patton	Fred Strickland	
Arthur Peterson	Robert Studivant	



Mare Island Naval Shipyard

Adams, Alvin	Barron, Hubert	Bozman, Harrison
Adams, John	Barty, Joseph	Brajkovich, William
Adams, Ray	Bataeff, George	Brink, Roger
Aguilar, Raymond P.	Beckman, Gary	Bruiribaugh, William
Aim, Robert	Beebe, Ralph	Burns, George Aaron
Alvis, Reedy	Bentley, David	Bushick, Fred
Antibolo, Andy	Bernardo, Pedro	Caldwell, Raymond
Antraccoli, Alvin	Bertorello, John	Calgary, Tony
Anzalone, Anthony	Bertotti, Joseph	Cambell, Don
Authenrieth, Ron	Bertsch, Gideon	Campagna, Salvatore
AveLlar, Arthur	Best, Nelson	Capitolo, John
Badger, Fred	Biagi, Albert	Caplener, George
Bailey, James	Bickford, Ivan	Carter, Ocie
Bair, Gerald	Black, Charles E.	Casaba, Jerry
Bakke, Gilbert	Btanchard, Jack	Casagranda, Oliver
Banneit, Herman	Blanton, Wade L.	Caudill, Cloid
Barella, Louis	Boillot, Howard	Chestney, James A.
Barnes, William	Bonwell, Howard	Chong, Henry
Baron, John	Boone, Everett	Christian, Mann
Barrett, Jesse James	Bouser, Lloyd	Clark, Raymond
Barrios, Rudolph	Boynton, David	Collins, Alvin



Mare Island Naval Shipyard

Collins, Herbert	Doda, Edwin	Frensky, Lloyd
Corey, Thomas	Dolby, Allan	Furlong, Clement
Costello, Ed	Dunn, Wiley	Gable, Richard (Dick)
Crackel, James	Dutra, Manuel Joseph	Gann, Marvin
Craig, George	Dutton, Harry	Gardner, Edward
Crane, James M.	Dyer, Harvey	Gertz, Gustav
Crane, John	Dykes, Mary	Gibson, Danny
Crittenden, William	Enos, Robert	Gilman, Frank
Crosby, L. Hue	Erickson, Edward	Glocke, Frank
Cullum, William	Raymond	Glover, John
Davalos, Vince	Evans, Clement	Glynn, William
Davenport, Benjamin	Farmer, Don	Goforth, Derald
DeCosse, Bernie	Fey, Ephraim	Grandy, Bennie
DeVita, Leo	Flood, William	Granzella, Bruno
Deever, Hank	Folkard, Timothy	Grassman, Otto
Delley, Bernard	Folkman, Stewart	Graybeal, William
Dennis, David	Ford, Irvin	Green, Oscar
Dennis, Harold	Fortenberry, Elton	Green, Travis
Devita, Leo	Foster, Greg	Green, William B.
Dickhaus, Harry A.	Fox, William	Green, William K.
Dinsdale, Paul	Francom, Allen Lee	Greer, Louis



Mare Island Naval Shipyard

Gregory, Gary	Hodges, Donald	Kelleher, Walter
Greig, William	Hoffman, Maurice	Keller, Robert
Grider, Theodore	Holcomb, Raymond	Kelley, Clifford
Griffs, Jesse	Hoppestock, Frederick	Kelley, Joseph
Groins, Jim	Horper, Earman-Hill	Kerr, Newton
Grundvic, Fred	Horvath, George	Kesler, Ralph
Guisto, Thomas (Tom)	Howard, Harry	Kimball, Blaire
Gullock, Donald	Hunt, Edwin	Kimball, Keith
Hagg, Robert	Hurley, John P.	King, Darryl
Hall, Moses T.	Irasmith, Jack	King, Jim Big Bear
Hallmark, Stanley	Irvin, George	Klahn, Arnold
Harris, Earl	Isaacs, Stanley	Kolda, Joe
Harris, Fred	Isome, L.C.	Kozak, John
Hayes, Cleveland	Jackson, Eddie M.	Lambly, Neil
Heitman, Otto	Jacobs, Jerry	Lang, Peter
Henderson, Charles	Jennings, George	Lawrence, Victor
Herger, Joseph	Jesmer, Gaylord	Lawson, Isaac
Hickman, Jack	Jesus, Ed	Lee, Ozel
Hildreth, Joseph	Jones, Roosevelt B.	Lennon, Joe
Hinshaw, Charles	Jordison, Harry	Lewis, David S.
Hixson, Tom	Joseph, William	Lineberry, Artie



Mare Island Naval Shipyard

Loane, Douglas	McLay, Douglas	Olson, C.T.
Locarnini, Henry (dec)	Mcouen, Carlye	Olson, Olaf
Lockner, Frank	Mercado, R.G.	Pacheco, Rick
Lone, Doug	Michels, William F.	Page, Ben
Loyd, Charles	Miller, Adolph	Pappadakis, Joseph
Ludlow, William (Bill)	Miller, Edgar	Pearson, John
Luport, Steve	Miller, Theodore	Perniz, John
Lysher, Milton Harry	Montour, George	Peterson, Arthur
MacDonald, William	Moore, John W., Jr.	Pfeil, Edward
MacLain, John	Moreno, Frank	Pittman, Floyd
Manley, Marvin	Mouton, Mose	Powers, William
Martin, Otto	Moyer, Phil	Prevost, Warren
Mason, David	Munson, William (Bill)	Pryor, Gerald
May, Allen (dec)	Musante, John	Quinn, Louis
McCloskey, Joseph	Neal, Jesse	Quintana, Delfino
McDonald, Henry	Neff, Elaine	Ramachiotti, Ello
McDowell, Henry	Newcont, William	Ray, Leland
McElheney, James	Newman, Mitchell	Reed, Milton
McElhenney, James	Nugent, Andrew	Reichstein, Boyd
McFadden, Marvin	O'Connell, Dan	Reid, Grady
McKenna, Patrick	Ochs, James	Riggs, Eugene Rosa



Mare Island Naval Shipyard

Riggs, William	Shields, Leo	Truax, Donald
Robinson, Chester	Shriver, Robert "Bob"	Turk, Carl
Robinson, Curtis Lee	Smith, Alexander	Uhlich, Fred
Robinson, Jess	Smith, Charles Francis	Ulrich, Fred
Robinson, John	Smith, Freddie	Vanderhorst, Leo
Robinson, Nathan	Smith, James	Vanmeter, David
Robinson, Willie	Smith, Richard "Dick"	Vasquez, Phillip
Rodriquez, Martin	Sockwell, Shady	Villa, Frank
Rogers, Paul	Spirlock, James	Wakeman, Thomas
Roy, Rob	Stanislawski, Nick	Ward, Tom
Sadler, Ernest	Stewart, Sherman	Waterman, Robert
Salsman, Fred	Stillman, Kenneth L.	Weaver, James
Sam, Zephaniah	Stovall, Howard	Welch, Lawrence "Larry"
Samuels, John Piercy	Sutton, John	Werdahl, George
Saunders, Stephan	Svob, Victor	Wesley, Otis
Schlichting, Martin	Sylwesiuk, Walter	Wetzel, William
Scott, Ray	Thorburn, John	White, William
Scott, Wayne	Tracey, George	Williams, Don
Sell, George	Treantafel, James	Williams, Evan Elias
Sern, James (Jim)	Trembley, Paul	Williams, Joseph (Joe)
Shewman, William	Trimmer, Jack	Williams, L.B.



Mare Island Naval Shipyard

Williams, Louis

Williams, Robert

Wilson Eugene Cozby

Wilson, Elwood

Winegar, Lester

Winkler, Robert

Wolson, Robert

Wong, Walter

Woo, Ronald

Wright, Harmon

Yarbrough, Herbert C.

Yatchmenoff, Wally

Yee, Shubert

Young, Frank

Young, George T.

Social Security Administration
Retirement, Survivors and Disability Insurance
Earnings Record Information



From: Office of Central Operations
300 North Greene Street, Baltimore, Maryland 21201

KAZAN, MCCLAIN, EDISES, SIMON & ABRAMS
171 12TH STREET
3RD FLOOR
OAKLAND, CA 94607

Date: 10-31-2000

Refer to: S2RB1G

Your Reference:

We are sending you the statement of earnings you requested for the number holder shown below.

Number Holder's Name:

REDACTED

Social Security Number:

If we recently received earnings information, it may not yet be shown on this statement.

Please read the back of this letter for more information about Social Security records.

If you have any questions, you should call, write or visit any social Security office. If you visit, please bring this letter. It will help us answer questions.

Enclosures:

Original Letter

Earnings Statement

Control Number: 00209150137

Remittance CTL Number:



SOCIAL SECURITY

S2RB1G

KAZAN MCCLAIN EDISES
SIMON AND ABRAMS
ATTN: VICTORIA EDISES ESQ
171 12TH STREET 3RD FLOOR
OAKLAND CA 94607.

REDACTED

Dear Madam:

Enclosed is a statement of earnings now recorded for
Number

Social Security

We received your \$104.00 payment for your request of earnings information. Your payment exceeded the required amount as shown on the fee schedule.

The Treasury Department will refund your overpayment of \$12.00.

REDACTED

Gloria Heise,
Deputy Division Director
Division of Earnings Record Operations
Office of Central Operations

Control # 00226131230
Remittance # 200008130088



SSA-1826 ITEMIZED STATEMENT OF EARNINGS
VERSION 1984.002 * * * FOR SSN

JUD:

REDACTED

FROM: SOCIAL SECURITY ADMINISTRATION
OFFICE OF CENTRAL RECORDS OPERATIONS
BALTIMORE, MARYLAND 21235-0000

VICTORIA EDISES ESQ KAZAN MCCLAIN EDISES NUMBER HOLDER NAME:

171 12TH ST 3RD FL

REDACTED

OAKLAND CA 94607

PERIOD REQUESTED JANUARY 1937 THRU DECEMBER 1999

YEAR JAN - MARCH APRIL - JUNE JULY - SEPT OCT - DEC TOTAL

EMPLOYER NUMBER: 35-0690290

STOKELY-VAN CAMP INC

% QUAKER OATS CO

PO BOX 049001 STE 18 1

CHICAGO IL 60604-9001

1939 118.76 36.55 \$ 155.31

EMPLOYER NUMBER: 71-0139374

ARKANSAS BEVERAGE CO

PO BOX 3364

LONGVIEW TX 75606-3364

1941 48.16 \$ 48.16

EMPLOYER NUMBER: 75-0521890

REYNOLDS AND SUTFON

BOX 1005

TYLOR TX 00000-0000

1941 10.65 \$ 10.65

EMPLOYER NUMBER: 23-0443060

BUDD COMPANY

3155 W BIG BEAVER

TROY MI 48084-3002

1947 57.87 774.47 \$ 832.34



SSA-1826 ITEMIZED STATEMENT OF EARNINGS
VERSION 1984.002 * * * FOR SSN

OOB.

REDACTED

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT	OCT - DEC	TOTAL
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EMPLOYER NUMBER: 84-0464669

U S AIR FORCE
3800 YORK ST
DENVER CO 00000-0000

1957	829.40	842.40	842.40	842.40	\$ 3,356.60
1958	842.40	871.60			\$ 1,714.00

EMPLOYER NUMBER: 84-9990000

U S AIR FORCE ACTIVE DUTY
DFA\$-DE-FJFAB
% BARBARA GRIESS
6760 E IRVINGTON PL
DENVER CO 80279-0001

1958			930.00	930.00	\$ 1,860.00
1959	950.00	975.00	975.00	975.00	\$ 3,875.00
1960	975.00	975.00	975.00	975.00	\$ 3,900.00
1961	995.00	1,020.00	1,020.00	1,020.00	\$ 4,055.00
1962	1,020.00	1,020.00	1,020.00	1,020.00	\$ 4,080.00
1963	936.84	341.34			\$ 1,278.18

EMPLOYER NUMBER: 59-0968676

BARFIELD INDUSTRIES INC
PO BOX 908
ALACHUA FL 32615-0908

1964		214.88	57.75	\$ 272.63
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EMPLOYER NUMBER: 47-0484924

FOOD HOST USA INC
500 TERMINAL BLVD
LINCOLN NE 68508-0000

1964		415.00	\$ 415.00
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SSA-1826 ITEMIZED STATEMENT OF EARNINGS
VERSION 1984.002 * * * FOR SSN

DOB:

REDACTED

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT	OCT - DEC	TOTAL
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EMPLOYER NUMBER: 59-1097767
JOSEPH C TEAGUE
CONTRACT SERVICE
2139 NW 28TH PLACE
GAINESVILLE FL 32601-0000

1966	117.00	\$	117.00
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EMPLOYER NUMBER: 69-0500001
STATE OF FLORIDA
CHAIRMAN FLA INDUSTRIAL COMM
CALDWELL BUILDING
TALLAHASSEE FL 32301-0000

1966	1,050.00	1,050.00	1,050.00	\$	3,150.00
1967	1,200.00	1,350.00	1,405.00	\$	5,286.77
1968			1,209.68	\$	2,709.68

EMPLOYER NUMBER: 36-6132684
TURF CATERING CO INC
% M J GOLDMAN & CO LTD
450 SKOKIE BLVD SUITE 903
NORTHBROOK IL 60062-2815

1968	36.00	81.00	\$	117.00
1969	503.00	524.00	\$	1,027.00
1970	600.00	235.00	\$	835.00
1971	539.00	156.00	\$	695.00
1972	520.00	156.00	\$	913.50
1973	494.00	315.50	\$	1,079.50
1974	481.00	309.00	\$	1,038.00
1975	555.00	373.00	\$	928.00
1976	592.00	192.00	\$	784.00
1977	592.00	192.00	\$	784.00
1978	-	-	\$	816.24
1979	-	-	\$	1,019.56
1980	-	-	\$	945.44



SSA-1826 ITEMIZED STATEMENT OF EARNINGS
VERSION 1984.002 * * * FOR SSN

REDACTED

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT	OCT - DEC	TOTAL
------	-------------	--------------	-------------	-----------	-------

EMPLOYER NUMBER: 59-0686670

ABC LIQUORS INC
PO BOX 593688
ORLANDO FL 32859-3688

1968		74.96	\$	74.96
1969	46.88		\$	46.88

EMPLOYER NUMBER: 61-0170590

DADE PARK JOCKEY CLUB
4 MILES N OF HENDERSON US HWY 41
PO BOX 33
HENDERSON KY 42420-0033

1972	782.46	\$	782.46
1973	964.37	\$	964.37
1974	1,171.75	\$	1,171.75
1975	1,604.13	\$	1,604.13
1976	1,554.50	\$	1,554.50
1977	1,532.75	\$	1,532.75
1978		\$	1,556.70
1979		\$	1,668.25

SELF EMPLOYMENT:

1963	-	-	-	\$	1,990.82
1964	-	-	-	\$	776.79

THERE ARE NO OTHER EARNINGS RECORDED UNDER THIS SOCIAL SECURITY NUMBER FOR THE PERIOD(S) REQUESTED.

EARNINGS FOR THE YEARS AFTER 1998 MAY NOT BE SHOWN, OR ONLY PARTIALLY SHOWN, BECAUSE THEY MAY NOT YET BE ON OUR RECORDS.

PAGE 004 END

WR GRACE PIC 60269-0069

1 REDACTED
2

3
4 **PROOF OF SERVICE**

5 I declare that:

6 I am employed in the County of Alameda, State of California. I am over the age of 18
7 years and not a party to the within action. My business address is 171 Twelfth Street, Third
Floor, Oakland, California 94607.

8 On December 7 2001, I served the following document(s):
9

10 **RESPONSES TO JOINT DEFENSE INTERROGATORIES (Wrongful Death)**

11 by transmitting a true copy to:

12 See attached list

13 via the following method:

14 _____ (By Facsimile Machine [FAX]) By personally transmitting a true copy thereof
15 via an electronic facsimile machine between the hours of 9:00 a.m. and
16 5:00 p.m.

17 x _____ (By Mail) I am readily familiar with this office's business practice for
18 collection and processing of correspondence for mailing with the United States
19 Postal Service. This document, which is in an envelope addressed as stated
above, will be sealed with postage fully prepaid and will be deposited with the
United States Postal Service this date in the ordinary course of business.

20 _____ (By Personal Service) By personally delivering a true copy thereof to the
21 office of the addressees attached.

22 I declare under penalty of perjury that the foregoing is true and correct.

23 Executed on December 7, 2001 at Oakland, California.

24
25
26
27
28 
JAMES MURRAY

SERVICE LIST CASE:

REDACTED

ACTION #: 2001-02532

Decer



WR GRACE PIQ 60289-0070

PAK-0101055-5117

BERRY & BERRY
P.O. Box 16070, Oakland, CA 94610
FOR: DESIGNATED DEFENSE COUNSEL

PH: (415) 442-0900
FAX: (415) 442-1010

BROBECK, PHLEGER & HARRISON
#1 Market Place, 23rd Floor, San Francisco, CA 94105
FOR: FIBREBOARD - NSP, MACARTHUR CO./sii/pae/W.ASB, BAY CITIES ASB, W.MAC., MACARTHUR CO/W.ASB/BAY CITIES, MACARTHUR COMPANY, OWENS, CORNING NSP, WESTERN ASBESTOS, WESTERN MACARTHUR, WESTERN MACARTHUR CO/sii/W.ASB.CO.& BAY CITIES ASB

PH: (925) 947-1300
FAX: (925) 947-1594

GLASPY & GLASPY
One Walnut Creek Center, 100 Pringle Ave Ste 750, Walnut Creek, CA 94596
FOR: CONGOLEUM CORP/sii/CONGOLEUM-NAIRN INC, GARLOCK, INC.

PH: (415) 522-8600
FAX: (415) 701-7801

KNIGHT, BOLAND & RIORDAN
1390 Market Street, Suite 310, San Francisco, CA 94102
FOR: METROPOLITAN LIFE INSURANCE COMPANY

PH: (415) 901-8700
FAX: (415) 901-8701

MORGENSTEIN & JUBELIRER
One Market St., 32nd Floor, San Francisco, CA 94105
FOR: GENERAL REFRACTORIES

PRINDLE, DECKER & AMARO
369 Pine Street, Suite 800, San Francisco, CA 94104
FOR: A.P. GREEN SERVICES, INC/sii/BIGELOW-LIPTAK CORP.

PH: (415) 788-8354
FAX: (415) 788-3625

SKADDEN, ARPS, SLATE, MEAGHER & FLOM
Four Times Square, New York, NY 10036-6522
FOR: METROPOLITAN LIFE INSURANCE COMPANY

PH: (212) 735-3000
FAX: (212) 735-7354

THELEN, REID & PRIEST
101 Second Street, Suite 1800, San Francisco, CA 94105
FOR: RAPID AMERICAN CORPORATION, RAPID AMERICAN/CAREY CAN MINES, RAPID AMERICAN/CAREY CANADA, RAPID AMERICAN/PANA CON, RAPID AMERICAN/PHILIP CAREY, RAPID AMERICAN/PHILIP CAREY MA.

PH: (415) 371-1200
FAX: (415) 644-6519

End of Service List



Death Certificate

STATE OF FLORIDA
OFFICE of VITAL STATISTICS
CERTIFIED COPY

WR GRACE PIQ 60289-0072

CERTIFICATE OF DEATH
FLORIDA

1. LOCAL FILE NO.	FIRST	MIDDLE	LAST	2. SEX Male				
3. DATE OF DEATH (Month, Day, Year)	4. SOCIAL SECURITY NUMBER		5a. AGE - Last Birthday	5b. UNDER 1 YEAR	5c. UNDER 1 DAY			
6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)		Months	Days	Hours			
8. PLACE OF DEATH. (Check only one; see instructions on other side)			9. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes					
HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient DOA: OTHER: Nursing Home Residence: Other (Specify)			10. INSIDE CITY LIMITS? (Yes or No) Yes					
9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN, OR LOCATION OF DEATH		9c. COUNTY OF DEATH					
10a. DECEASED'S USUAL OCCUPATION	10b. KING OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)					
Master Sergeant	U.S. Military	Married						
13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER					
13a. INSIDE CITY LIMITS? (Yes or No)	13b. ZIP CODE	14. WAS DECEASED OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)	15. RACE - American Indian, Black, White, etc. Specify:	16. EDUCATION - (Specify only highest grade completed)	17. MOTHER'S NAME (First, Middle, Maiden Surname)			
<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	White	Elementary/Secondary (0 - 12) <input checked="" type="checkbox"/> 12				
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Maiden Surname)					
19. ALIAS (Name, if any)			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
20a. ALIAS OF DISPOSITION			20b. PLACE OF DISPOSITION (Name of cemetery, cemetery, or other place)	20c. LOCATION - City or Town, State				
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State	21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b. LICENSE NUMBER (of Licensee)	21c. NAME AND ADDRESS OF FACILITY				
<input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	<i>Brian G. Salisbury</i>		4353	Rhodes Funeral Directors, Inc. 800 East Druid Rd Clearwater, FL 33756				
22a. DATE OF DEATH (Mo, Day, Yr)	22b. HOUR OF DEATH	23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) <i>Brian G. Salisbury</i>	23b. DATE SIGNED (Mo, Day, Yr)	23c. HOUR OF DEATH				
3/29/01	1:15 AM							
23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)	25a. SUBREGISTRAR - SIGNATURE AND DATE				25b. MEDICAL REGISTRAR - SIGNATURE	25c. DATE REGISTERED	
	Brian G. Salisbury M.D. 510 East Druid Road Clearwater, Florida 33756	<i>Brian G. Salisbury 3-29-01</i>				<i>Brian G. Salisbury</i>	APR 01, 2001	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.	27a. WAS AN AUTOPSY PERFORMED? (Yes or No)				28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)			
IMMEDIATE CAUSE (Final disease or condition resulting in death) <i>Congestive heart failure 2 weeks</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Underlying cause(s) (Disease or injury that initiated events resulting in death) LAST <i>Hypertensive cardiomyopathy</i>	27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)				28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)			
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27c. DATE OF SURGERY (Mo, Day, Year)				29. DATE OF SURGERY (Mo, Day, Year)			
30. IF SURGERY IS MENTIONED IN PART I or II, ENTER CONDITION FOR WHICH IT WAS PERFORMED								
31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined.	32a. DATE OF INJURY (Month, Day, Year)	32b. TIME OF INJURY	32c. INJURY AT WORK? (Yes or No)	32d. DESCRIBE HOW INJURY OCCURRED				
Natural			<input type="checkbox"/> Yes					
32e. PLACE OF INJURY - At home, farm, school, factory, etc. (Specify)	32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

Kathleen A. Salas, M.D.
 Chief Deputy Registrar, Pinellas County
WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

8766731

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD ENBOSSING SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DOH FORM 1584A (3/99)

FLORIDA DEPARTMENT OF
HEALTH

VOID IF ALTERED OR ERASED



Depositions



00001

1 0:1

0:1 IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
2 IN AND FOR THE COUNTY OF ALAMEDA

0:2

3 0:3 REDACTED

0:4

4

5 Plaintiffs,

6 vs.

7 ACandS, Inc., et al.,

8 Defendants.

0:9

9 0:10

10 0:12

11 0:13

12 0:14

13 0:15 VIDEOTAPED DEPOSITION OF

REDACTED

14 0:16 Monday, November 6, 2000

15 0:17 :13 a.m. to 5:40 p.

16 0:18 Marriott Hotel

17 1001 North Westshore Boulevard

18 0:19 Tampa, Florida

19 0:20

20 0:21

21 0:22

22 0:23

23 Reported by:

24 0:24

25 Susan C. McGee

26 2:25 Notary Public, State of Florida

REDACTED

Page 1

WR GRACE PIQ 60289-0076

00221

1 221:220

221:1 CERTIFICATE OF REPORTER

2 221:2

221:3 STATE OF FLORIDA)

3 221:4 COUNTY OF HILLSBOROUGH)

221:5

4 221:6 I, Susan C. McGee, a Notary Public in and
for the State of Florida at Large, certify that I

5 221:7 was authorized to and did stenographically report
the foregoing proceedings; and that the transcript

6 221:8 is a true record of the testimony given by the
witness.

7 221:9

I further certify that I am not a

8 221:10 relative, employee, attorney, or counsel of any of
the parties, nor am I a relative or employee of any

9 221:11 of the parties' attorneys or counsel connected with
the action, nor am I financially interested in the

10 221:12 action.

11 221:13 Dated this 14th day of November, 2000.

12 2

13 2

14 2

15 2

16 STATE OF FLORIDA)

17 221:18 COUNTY OF HILLSBOROUGH)

18 221:19 I, the undersigned authority, certify

19 that personally appeared before

20 221:20 me and was duly sworn.

21 221:21 WITNESS my hand and official seal this

22 14th day of November, 2000.

23 2

24 2

25 2

26 2

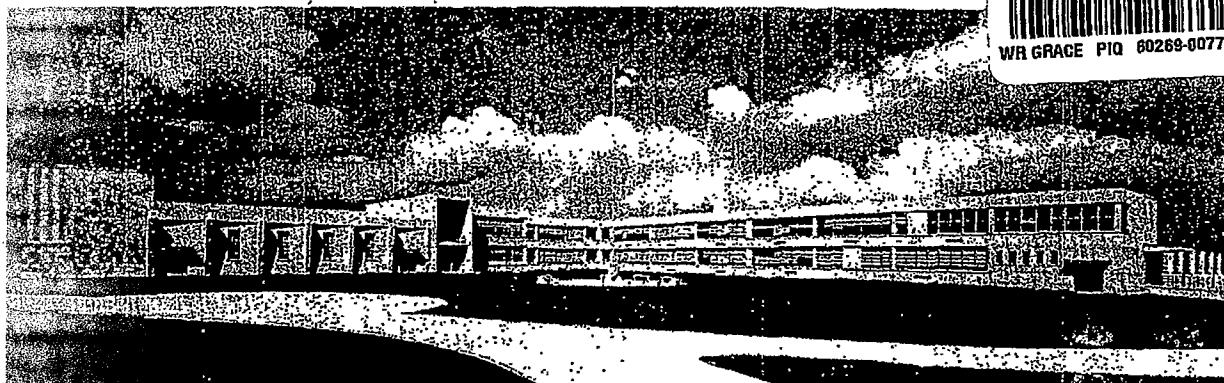
REDACTED

REDACTED

Page 221



Additional Supporting Documentation



Mountain Jr. High School, Allentown, Pa. Zonolite Concrete Aggregate used for roof and floors. Zonolite Insulating Fill was used under floor of basketball court.

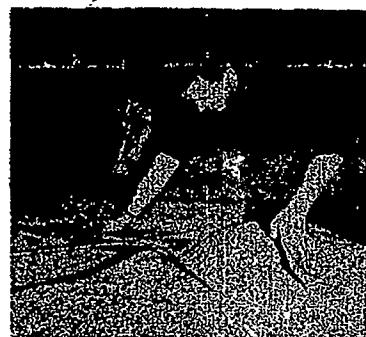
Zonolite Insulating Fill

Many school boards have found Zonolite Insulating Fill an effective answer to today's high heating costs in new as well as older uninsulated schools where there is considerable heat loss.

Zonolite Insulating Fill is a granular mineral made by expanding vermiculite ore. It is a lightweight, free-flowing material, installed between attic joists and in side walls between studs. Zonolite vermiculite Insulating Fill uniformly flows to the proper density without seams or joints. Simply pour from bag and level. Installation costs are lowest with Zonolite. Your maintenance men can install it in free time.

Outstanding Characteristics:

- **EFFICIENCY**—Dual insulating value from many air chambers and reflective surfaces.
- **PERMANENT**—Inorganic, sterile, will not rot or decompose.
- **LIGHTWEIGHT**—Only 4½ to 8 pounds per cubic foot.
- **FIREPROOF**—The most fire safe material available for building. Fusion point is 2560°.
- **ROTPROOF, VERMINPROOF**—No rats, termites or other pests can harm Zonolite vermiculite.
- **ECONOMICAL**—Gives many added benefits, yet often costs less than material it replaces.
- **SOUND-DEADENING**—Millions of tiny dead air cells trap unwanted noise.



Zonolite Insulating Fill flows snugly around wiring, braces, pipes. Cannot pack down. Leaves no money-draining heat leaks. 100% fireproof. -

20091206

OTHER ZONOLITE PRODUCTS THAT HELP CUT BUILDING COSTS
GIVE ADDED INSULATION AND FIRE PROTECTION

INSULPAVE

and the *Journal of the Royal Statistical Society* (Series B) are the principal sources of information on the theory and practice of Bayesian statistics. The *Journal of the Royal Statistical Society* (Series B) is the principal source of information on the theory and practice of Bayesian statistics.

ZONATIES

and the new industry of translation of books and films, to some extent, has been stimulated by the 2000-word DOORS OPEN WEEKEND, which has added a new dimension to the festival. The new industry of translation of books and films, to some extent, has been stimulated by the 2000-word DOORS OPEN WEEKEND, which has added a new dimension to the festival.

WR GRACE PIQ 80269-0078

Representative List of Schools which have used Zonolite Products

Zonolite Plaster Aggregate

Ala., Auburn, Alabama Polytech Institute
Ala., Tuscaloosa, Negro Elementary School
Calif., Altadena, Audubon Elementary School
Conn., Waterford, Waterford School
Conn., Hartford, Duffy School
Conn., Hartford, Trinity College Library
Conn., Stamford, Stamford State School
Conn., New Haven, West Haven School
Fla., Orlando, Orlando High School
Fla., Ft. Pierce, Ft. Pierce High School
Fla., Gainesville, University of Florida
Ga., Donaldsonville, Donaldsonville High School
Ga., Hogansville, Hogansville High School
Idaho, Moscow, University of Idaho,
 Home Economics Bldg.
Ill., Decatur, Brush College
Ill., Decatur, Lakeview School
Ia., Des Moines, St. Joseph Acad. Nurs. Sch.
Ky., Louisville, University of Louisville
 Natural Science Bldg.
Ky., Owensboro, Owensboro High School
Ky., Powderly, Muhlenberg County School
Ky., Hopkinsville, St. Peter & Paul School
Mass., Wrentham, Mary D. Postinger School
Mass., Florida, Florida Girls' School
Mich., Fowlerville, Fowlerville Elem. School
Mich., Dearborn, Samuel B. Leng Elem. School
Mich., East Lansing, Michigan State College
 Veterinary Science Bldg.
Mich., Detroit, Arthur School
Mich., Detroit, Wayne Univ. Science Bldg.
Minn., St. Paul, St. Luke's Elementary School
Miss., Greenville, Susie F. Trigg School
Mont., Missoula, University of Montana,
 Journalism & Chemistry Bldgs.
Mont., Dilling, Dilling High School
Neb., Mitchell, Elementary School
N.Y., Plattsburgh, Plattsburgh St. Teach. Dorm.
N.Y., Glens Falls, Glens Falls High School
N.Y., Oneonta, Oneonta State Teachers Coll.
N.Y., Glens Falls, Glens Falls High School
N.Y., Plattsburgh, South End School
N.Y., Peru, Peru Grade School
N.Y., Canajoharie, Canajoharie Central School
N.Y., Utica, St. Alphonsus Elem. School
N.Y., Syracuse, McKinley School Addition
N.C., Charlotte, Berry Hill School
N.C., Thomasville, Thomasville Elem. School
N.C., Hillsboro, Hillsboro Elem. School
N.Dak., Grand Forks, Lincoln School
Ohio, Lorain, St. Stanislaus School
Ohio, Kent, St. John's Elementary School
Ore., Portland, Scott Harvey School
Ore., Portland, Lincoln High School
Pa., Elizabethtown, Elizabethtown College
Pa., Lansdale, St. Stanislaus Parochial School
Pa., Grove City, Grove City College
Pa., Penn State College Men's Dormitory
S.C., Anderson, Anderson Jr. High School
S.C., Greenville, Bob Jones University
Tenn., Chattanooga, Univ. of Chattanooga
Texas, Dallas, Pleasant Grove School
Texas, Lamesa, Lamesa School
Texas, Wichita Falls, McCaugh School
Va., Lynchburg, E. C. Glass High School
Va., Wise, Gladewater High School
Wash., Tonasket, Senior High School
W.Va., Buckhannon, Wesleyan Coll. Music Hall

Zonolite Acoustical Plastic

Calif., Dinuba, Dinuba High School
Calif., Redding, Washington Elementary School
Calif., Altadena, Audubon School
Calif., Reedley, Mennison Brethren School
Conn., Bridgeport, Billard Haven St. Trd. Sch.
Conn., Bristol, Farmington Avenue School
Fla., Orlando, Orlando High School
Fla., Orlando, Orlando Negro High School
Fla., Winter Park, Winter Park High School
Ga., Columbus, Johnson Elementary School

Ill., Calumet City, Thornton Rac. High School
Ia., Chicago, St. Gertrude's Gym & School
Ia., Duhame, Loras College
Ia., Iowa City, University of Iowa
Ia., Sioux City, Morningside Coll. Science Bldg.
Ia., Wapello, Public High School
Maine, Portland, Helen M. King Jr. High Sch.
Mass., Springfield, Mary O. Poitenger School
Mich., Pontiac, Bagley Street School
Mich., Detroit, St. Peters Evan. Luth. School
Minn., Mankato, Bethany Lutheran College
Minn., Minneapolis, Woodlawn School
Minn., St. Cloud, St. Cloud Teachers College
Minn., St. Paul, St. Luke's Parochial School
Mont., University of Montana, Business
 Administration & Education Bldgs.
Neb., Nebr., Plaza, Plaza High School
Neb., Scottsbluff, Bryan High School
Neb., Lincoln, N. E. High School
N.Y., New Scotland, Clarksville School
N.Y., South Glens Falls, South Glens Falls Sch.
N.Y., Buffalo, New York State Teachers Coll.
N.Y., Brighton, Ally's Creek School
N.Y., Bronxville, Sarah Lawrence College
Student Art Center
N.C., Charlotte, North High School
N.C., Charlotte, Berry Hill School
N.C., Lumberton, Lumberton Elem. School
N.C., Fayetteville, State Teachers College
N.C., Dak., Wakefield, Public School
Ohio, Akron, Fairlawn School Addition
Ohio, Columbus, Ohio State University
Student Union Bldg.
Oreg., Salem, State School for the Blind
Pa., Rochester, Rochester Public School
Pa., Lewisburg, Lewisburg Grade School
Pa., Hazelton, St. Gabriel's Parochial School
S.C., Greenville, Bob Jones University
S.Dak., Rapid City, Black Hills Teachers Coll.
S.Dak., Rapid City, Canyon Lake School
Tenn., Knoxville, South Knoxville High School
Texas, Brownfield, Union School
Texas, Denton, State Teachers Coll. for Women
Texas, Henderson, Henderson High School
Texas, Waco, Waco High School
Texas, Waco, Ben Franklin School
Va., Brattleboro, Brattleboro High School
Wash., Tacoma, Allen C. Mason School
Wash., Lynden, Lynden Elementary School
Wash., Aberdeen, Central Park School
Wash., Spokane, St. Charles School
W.Va., Burnsburg, Burnsburg Jr. High School
Wisc., Appleton, St. Joseph's School
Wisc., Greenfield, Town of Greenfield School
Wyo., Laramie, Wyoming Univ. Agric. Bldg.

Zonolite Concrete Aggregate

Ark., Leachville, Leachville Elementary School
Ark., Little Rock, Oak Forest School
Calif., Redding, Sequoia Elementary School
Calif., Sacramento, Bell Avenue School
Conn., Mansfield, Mansfield State Trg. School
Conn., Middletown, Wesley Univ. Dorms
Fla., Belle Glade, Belle Glade Colored School
Fla., Miami, Drury Boynton Jr. High School
Fla., Homestead City, Homestead City High School
Ga., Smyrna, Campbell High School
Ga., Carrollton, Carrollton High School
Ga., College Park, Georgia Military Academy
Ill., Marshall, Marshall High School
Ill., Westchester, Britton School
Ia., Des Moines, Windsor School Auditorium
Ia., Ft. Madison, Jefferson School
Kans., Wichita, St. Joseph School
Kans., Wichita, Menda School
Kans., Garden City, Garden City School
Ky., Louisville, St. Raphael School
Ky., Louisville, University of Louisville
 Natural Science Bldg.
Ky., Owensboro, Owensboro Grade School
La., Baton Rouge, Istrouma High School
La., New Orleans, St. Dominic Par. School
Mass., Greenfield, Greenfield High School
Mich., East Lansing, East Lansing School

Mich., Vanderbilt, Vanderbilt School
Mich., Traverse City, Traverse City School
Mich., Ann Arbor, Eberwhite Elem. School
Mich., Ann Arbor, University of Michigan
Mich., Marquette, Shattuck School
Mich., St. Paul, St. Paul School
Mich., Wadsworth, Wadsworth School
Miss., Greenville, Susie B. Tamm School
Miss., Bertrandville, Woodlawn School
Mont., Missoula, Univ. of Mont. Women's Ctr.
Neb., Lincoln, Northeast High School
N.J., Verona, Lauring Ave. Elem. Sch. Adm.
N.J., Nutley, Our Lady of Mt. Carmel School
N.Y., Bergholz, Bergholz School
N.Y., Chestertown, Chestertown School
N.Y., Buffalo, Grand Island School
N.C., Charlotte, West High School
N.C., Car., Double Oaks School
N.C., Raleigh, N. C. St. Coll. Text. Bldg.
N.C., Wayne County, Pikeville School
N.Dak., Fargo, Agassiz Jr. High School
Ohio, Marion, West River Road School
Ohio, Brookville, L. L. Light School
Ohio, Painesville, St. Mary's School
Ohio, Columbus, (1 St. Mary's), Sen. Sch.
Ohio, Burlington, Burlington High School
Oreg., Corvallis, Oregon State College
Oreg., Eugene, University of Oregon
Pa., Allentown, Mountain Junior High School
Pa., Williamsport, Dickinson College
Women's Dorm.
Pa., Aliquippa, Franklin Junior High School
S.C., Camden, Camden Junior High School
S.C., Sumter, Willow Drive Elem. School
S.C., Greenville, Bob Jones University
Tenn., Tazewell, Tazewell School
Texas, Andrews, Andrews School
Texas, Austin, University of Texas
Texas, El Paso, McCallister Elem. School
Utah, Wellington, Wellington Grade School
Va., Rocky Mount, Consolidated Elem. School
Wash., Spokane, Longfellow School
Wash., Pasco, Senior High School
W. Va., Bethany, Bethany Coll. F. A. House
Zonolite Insulating Fill

Conn., Pomfret, Pomfret School
Mont., Eveleth, Independent Sch. Dist. No. 39
N.J., North Haledon, N. Haledon Mem. Sch.
N.Y., Tribes Hill, Tribes Hill School
N.C., Charlotte, East High School
Pa., Allentown, Mountain Junior High School
Basketball Court
Texas, Brownfield, Union School
Texas, Cleburne, Cleburne School
Texas, Longview, White Oak School
Texas, Ranger, Ranger School
Va., Taft, Taft School
Va., Charlotte, Charlotte School
Va., Brattleboro, Brattleboro High School

Zonolite

Ark., Ozark, Ozark City School
Fla., Panama City, Panama City Elem. School
Fla., Tyndall Field, Tyndall Field Elem. Sch.
Fla., St. Clairmar, St. Clairmar High School
Ga., Cave Springs, Cave Springs School
Ga., Atlanta, Hoke Smith School
Ga., Atlanta, Mt. Vernon School
Ga., Atlanta, D. W. Smithie School
Ohio, Kings Creek, Kings Creek School
Pa., Hazelton, Walnut Street Grade School
Pa., Hazelton, Parochial School
S.C., Beaufort, Mather School
S.C., Pelion, Pelion High School
Tenn., Chattanooga, John A. Paton School
Va., Galax, Oakland School
Va., Montgomery County, Price's Fork School

20091207



1 Steven Kazan, Esq. (C.S.B. #46855)
2 KAZAN, McCRAIN, ABRAMS, FERNANDEZ,
3 LYONS, FARRISE & GREENWOOD
4 A Professional Law Corporation
5 171 Twelfth Street, Third Floor
6 Oakland, California 94607
7 Telephone: (510) 465-7728
8
9 Attorneys for Claimant
10 DOROTHY BURROUGHS

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IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF DELAWARE

In Re:
W.R. GRACE & CO., et al.,
Debtors.

Chapter 11
Case No. 01-01139 (JKF)

CLAIMANT'S RESPONSES AND
OBJECTIONS TO W.R. GRACE ASBESTOS
PERSONAL INJURY QUESTIONNAIRE

REDACTED

REDACTED

Claimant, by and through her attorneys of record, KAZAN, McCRAIN, ABRAMS, FERNANDEZ, LYONS, FARRISE & GREENWOOD, hereby responds with supplemental information and objections to W.R. GRACE & CO.'s Asbestos Personal Injury Questionnaire:

PART II, 2:

The injured party, was diagnosed with malignant mesothelioma. Claimant's assertions of injury are based on the diagnosis of this disease, not upon any lesser non-malignant asbestos-related pulmonary condition, and as such, claimant's counsel has not reviewed or further investigated the information related to these conditions, and does not provide responses to these inquiries. Claimant refers debtor to the medical records pertaining to the injured party for additional information.

KAZAN, McCRAIN,
ABRAMS,
FERNANDEZ,
LYONS & FARRISE
A PROFESSIONAL
LAW CORPORATION
171 TWELFTH STREET
THIRD FLOOR
OAKLAND, CA 94607
(510) 302-1000
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FAX (510) 635-4913

//

CLAIMANT'S RESPONSES AND OBJECTIONS TO W.R. GRACE ASBESTOS PERSONAL INJURY QUESTIONNAIRE

REDACTED**1 PART II, 3 - 5:**

2 The injured party, **REDACTED**, was diagnosed with mesothelioma
 3 mesothelioma. Claimant's assertions of injury are evidenced by the pathology report issued by a
 4 physician certified in the field of pathology. A pathological diagnosis of the disease is the
 5 preferred, accepted standard of proof in any claims process. Claimant's counsel has not reviewed
 6 radiology or pulmonary function test records in preparing responses for this questionnaire as such
 7 information is redundant. Claimant's counsel contends that such a review would be overly
 8 burdensome and require unfair and unnecessary expenditure of investigative time, preparation and
 9 cost, and therefore declines to provide responses to this area of inquiry. Claimant refers debtor to
 10 the medical records pertaining to the injured party for additional information.

11 PART II/ 2, 4, 5, 6 & 7:

12 The injured party, **REDACTED**, was seen by numerous physicians for
 13 mesothelioma. Claimant presumes that all physicians were paid in the ordinary course by the
 14 injured party/claimant(s), an insurance plan and/or government program; however such
 15 information is not readily available. Claimant contends that such a review would be overly
 16 burdensome and require unfair and unnecessary expenditure of investigative time, preparation and
 17 cost to substantiate a further response which would be of no use in any event. Claimant refers
 18 debtor to the interrogatory responses and medical records pertaining to the injured party for
 19 additional information.

20 PART III:

21 Claimant contends that it is irrelevant whether the injured party was exposed to asbestos-
 22 containing product manufactured or sold by W.R. Grace at more than one work site. Exposure at
 23 one such site is sufficient for purposes of a claim, and any additionally requested identification is
 24 immaterial and irrelevant. For purposes of this questionnaire, claimant's counsel has not reviewed
 25 or further investigated information related to exposure at any additional work sites. Claimant's
 26 counsel contends that such a review would be overly burdensome and require unfair and
 27 unnecessary expenditure of investigative time, preparation and cost. Moreover, W.R. Grace's
 28 liability to claimant is determined by California substantive tort law, which does not require any

KAZAN, MCCLAIN,
 ABRAMS,
 FERNANDEZ,
 LYONS & FARRISE
 A PROFESSIONAL
 LAW CORPORATION
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 THIRD FLOOR
 OAKLAND, CA 94607
 (510) 302-1000
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1 exposure to a defendant's product or direct conduct. As pled in the underlying
 2 claimant alleges that defendant W.R. Grace acted in concert with others and ~~conspired to, inter~~
 3 alia, suppress knowledge of the dangers of asbestos and the risks of exposure thereto, which is a
 4 sufficient basis for the imposition of liability.

WR GRACE PIQ 60269-0061

5 **PART V:**

6 Claimant declines to provide information responsive to this part on the grounds that it is
 7 wholly irrelevant and immaterial to the claim made upon this debtor. Further, providing such
 8 information is overly burdensome, is invasive of attorney-client and attorney work-product
 9 privileges, and privacy rights. Claimant's counsel contends that to provide such information
 10 would be overly burdensome and require unfair and unnecessary expenditure of investigative time,
 11 preparation and cost.

12 **PART VI:**

13 Claimant's work history is thoroughly detailed in the provided "Joint Defense"
 14 Interrogatories. Claimant declines to provide additional information responsive to this part with
 15 respect to all other occupational work history of the injured party on the grounds that is wholly
 16 irrelevant and immaterial to the claim made upon this debtor. Further, providing such information
 17 is overly burdensome, is invasive of attorney-client and attorney work-product privileges, and
 18 privacy rights. The injured party, , worked for numerous employers,
 19 all of which, except as provided, is irrelevant to the claim for injuries sustained as the result of
 20 exposure to debtor's asbestos-containing products. Claimant's counsel contends that to provide
 21 such information would be overly burdensome and require unfair and unnecessary expenditure of
 22 investigative time, preparation and cost.

23 **PART VII, a, 4:**

24 Claimant declines to provide information responsive to this part on the grounds that is
 25 wholly irrelevant and immaterial to the claim made upon this debtor. Further, providing such
 26 information is overly burdensome, is invasive of attorney-client and attorney work-product
 27 privileges, and privacy rights. Claimant's counsel contends that to provide such information
 28 would be overly burdensome and require unfair and unnecessary expenditure of investigative time,

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 OAKLAND, CA 94607
 (510) 302-1000
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 FAX (510) 835-4913

1 preparation and cost. Claimant's counsel refers debtor to the Alameda County
2 for this matter for the information requested.

WR GRACE PIQ 80268-0082



3 **PART VII, a, 6:**

4 Claimant declines to respond to provide information responsive to this part on the grounds
5 that the information sought is irrelevant and immaterial to the claim made upon this debtor. The
6 questionnaire seeks information relating to plaintiffs' settlements with entities that are no longer a
7 party to claimant's action. The responses to these questions are protected by the right of privacy
8 under *Hinshaw, Winkler, Draa, Marsh & Still v. Superior Court* (1996) 51 Cal.App. 4th 233.
9 Further, providing such information would on its face be a violation of binding confidentiality
10 agreement(s), is overly burdensome, is invasive of attorney-client, settlement and attorney work-
11 product privileges, and an invasion of privacy rights.

12 **PART VII, b, 2 - 7:**

13 Claimant has responded to sub-part (1) only. Claimant declines to respond to sub-parts (2)
14 through (7) on the grounds that the information sought is irrelevant and immaterial to the claim
15 made upon this debtor. Further, providing such information is overly burdensome, is invasive of
16 attorney-client, settlement and attorney work-product privileges, and an invasion of privacy rights.

17 **PART IX:**

18 Claimant has provided the caption pages for all deposition transcripts taken of testimony
19 given by plaintiffs in either the personal injury or wrongful death actions. Claimant has not
20 provided full transcripts pursuant to the standard custom, practice and policy in California State
21 Court litigation, which prohibit parties from circulating or otherwise reproducing official
22 deposition transcripts, the contents of which are the property of the Certified Court Reporter
23 identified in the caption page, from whom copies may be purchased.

24 //

KAZAN, MCCLAIN,
25 //
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FERNANDEZ,
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26 //

27 //

28 //

1 **PART X:**

2 Only claimant's counsel has signed this questionnaire, as he is auth
3 of claimant. The process of obtaining claimant signatures for this questionnaire is impractical,
4 unnecessary, overly time consuming and burdensome.

WR GRACE PIQ 60289-0063

5
6 DATED: July 10 _____, 2006

KAZAN, McCLAIN, ABRAMS, FERNANDEZ,
LYONS, FARRISE & GREENWOOD
A Professional Law Corporation

7
8 By

9 Steven Kazan

10
11 Attorneys for Claimants

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Of Counsel
Frances C. Schreiberg
Terry N. Gross
James L. Oberman*

July 11, 2006

Andrea Huston
Petra DeJesus
Catasha Woods
Ian A. Rivamonte
Autumn A. Mesa
Matthew L. Thiel
Barbra Ferre
Justin A. Bosl

Via FedEx Overnight Mail

Rust Consulting, Inc.
Claims Processing Agent
Re: W.R. Grace & Co. Bankruptcy
201 S. Lyndale Avenue
Faribault, MN 55021

Re: W.R. Grace & Co Asbestos Personal Injury Questionnaires

Dear Sir or Madam:

As it is our understanding that we may submit our questionnaires in electronic form (on a CD with the pages scanned in .pdf format), enclosed please find a CD with completed questionnaires and supporting documentation in .pdf format, as well as supporting documentation for those cases which questionnaires are not provided for as explained below. If you experience any difficulty in opening any of the documents, please contact me immediately. A hard copy of these items is also being sent via US Mail.

Included also on the CD and enclosed are copies of Claimant's Responses and Objections to W.R. Grace Asbestos Personal Injury Questionnaire. The originals are included with the hard copy that is being mailed.

Our office received 31 questionnaires to be completed. Of these 31 cases, only eight remain active cases with our law firm. Enclosed please find completed personal injury questionnaires for those eight: Abbott, Michael; Anetsky, Lawrence; Barrera, Jesus; Favorito, Jospeh; Jeffrey, Frank; McNally, Patricia; and Reich, Julius.

W.R. Grace was dismissed from the following 10 cases: Blank, William (Ex. 1); Brady, Joy (Ex. 2); Carboni, Achille (Ex. 3); Anderson, Kathleen (Curtis, Kenneth) (Ex. 4); Harris, Lois (Harris, Jessie) (Ex. 5); Kaiser, Robert (Ex. 6); McIntyre, Glenn (Ex. 7); Plocher, Wilda (Ex. 8); Rich, Joyce (Rich, George) (Ex. 9); Robertson, Jr., Lemuel (Ex. 10); Thomas, James (Ex. 11); Thorson, Harry (Ex. 12); and Wahab, Howard (Ex. 13). A copy of each dismissal or register of Actions from the Alameda County Superior Court website (Domainweb) <http://apps.alameda.courts.ca.gov>, is attached as the indicated exhibit. Questionnaires are not submitted for these cases.



Rust Consulting, Inc.
July 11, 2006
Page 2

The following cases have been referred to other counsel: Alger, John (Ex. 14); Correa, Herman (Ex. 15); Dudy, John (Ex. 16); Lynch, John (Ex. 17); Michels, William (Ex. 18); and Oross, Adeline (Ex. 19). Substitution of Attorney pleadings are attached. Questionnaires are not submitted for these cases.

The following cases have settled with W.R. Grace: Mountain, Jacqueline (Ex. 20); and Perkins, Robert (Ex. 21). Questionnaires are not submitted for these cases.

We withdrew as counsel for the Bruce Geer case. Copy of Order attached (Ex. 22).

The Linda Seiler case was referred to our offices. The referring office will be submitting the questionnaire.

If you should have any questions regarding the above, please do not hesitate to contact me.

Very truly yours,

A handwritten signature of Donna Mavrogianis.

Donna Mavrogianis
Settlements Administrator

/dm
Enclosures

Return Postage Guaranteed

RECEIVED JUL 14 2006

KAZAN, MCCLAIN, ABRAMS, FERNANDEZ,
LYONS, FARRISE & GREENWOOD

A Professional Law Corporation

171 Twelfth Street, Third Floor
Oakland, California 94607
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To:

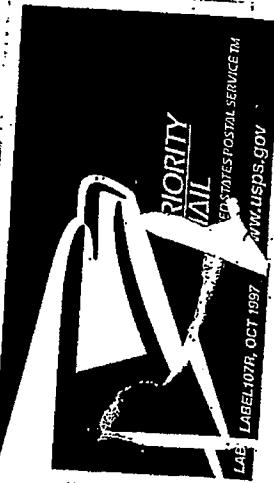
Rust Consulting, Inc.
Claims Processing Agent
Re: W.R. Grace & Co. Bankruptcy
201 S. Lyndale Avenue
Faribault, MN 55021

ERENCIOS
39.92 POSTAL MANUAL

To:

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WR GRACE PIQ 60269-0086



**W. R. Grace
Asbestos Personal Injury
Questionnaire**





WR GRACE PIQ 016262-0002

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IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

WR GRACE PIB 016262-0003

In re:) Chapter 11
W. R. GRACE & CO., et al.,) Case No. 01-01139 (JKF)
Debtors.) Jointly Administered
)

**W. R. Grace
Asbestos Personal Injury
Questionnaire**

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
P.O. BOX 1620
FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL
SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
201 S. LYNDALE AVE.
FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PRE-PETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.

WR GRACE PIO 016262-0004

INSTRUCTIONS**A. GENERAL**

1. This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos-related personal injury or wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will not be accepted and will not be deemed filed.

Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.

3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
5. Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

B. PART I -- Identity of Injured Person and Legal Counsel

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

C. PART II -- Asbestos-Related Condition(s)

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

Supporting Documents for Diagnosis: This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

X-rays and B-reads: Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

Pulmonary Function Tests: Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.

WR GRACE PJO 015262-0005

D. PART III – Direct Exposure to Grace Asbestos-Containing Products

In Part III, please provide the requested information for the job and site at which you were exposed to Grace asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product. If your exposure was a result of your employment, use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

Occupation Codes

01. Air conditioning and heating installer/maintenance	31. Iron worker
02. Asbestos miner	32. Joiner
03. Asbestos plant worker/asbestos manufacturing worker	33. Laborer
04. Asbestos removal/abatement	34. Longshoreman
05. Asbestos sprayer/spray gun mechanic	35. Machinist/machine operator
06. Assembly-line/factory/plant worker	36. Millwright/mill worker
07. Auto mechanic/bodywork/brake repairman	37. Mixer/bagger
08. Boilermaker	38. Non-asbestos miner
09. Boiler repairman	39. Non-occupational/residential
10. Boiler worker/cleaner/inspector/engineer/installer	40. Painter
11. Building maintenance/building superintendent	41. Pipefitter
12. Brake manufacturer/installer	42. Plasterer
13. Brick mason/layer/hod carrier	43. Plumber - install/repair
14. Burner operator	44. Power plant operator
15. Carpenter/woodworker/cabinetmaker	45. Professional (e.g., accountant, architect, physician)
16. Chipper	46. Railroad worker/carman/brakeman/machinist/conductor
17. Clerical/office worker	47. Refinery worker
18. Construction - general	48. Remover/installer of gaskets
19. Custodian/janitor in office/residential building	49. Rigger/stevedore/seaman
20. Custodian/janitor in plant/manufacturing facility	50. Rubber/tire worker
21. Electrician/inspector/worker	51. Sandblaster
22. Engineer	52. Sheet metal worker/sheet metal mechanic
23. Firefighter	53. Shipfitter/shipwright/ship builder
24. Fireman	54. Shipyard worker (md. repair, maintenance)
25. Flooring installer/tile installer/tile mechanic	55. Steamfitter
26. Foundry worker	56. Steelworker
27. Furnace worker/repairman/installer	57. Warehouse worker
28. Glass worker	58. Welder/blacksmith
29. Heavy equipment operator (includes truck, forklift, & crane)	59. Other
30. Insulator	

Industry Codes

001. Asbestos abatement/removal	109. Petrochemical
002. Aerospace/aviation	110. Railroad
100. Asbestos mining	111. Shipyard-construction/repair
101. Automotive	112. Textile
102. Chemical	113. Tire/rubber
103. Construction trades	114. U.S. Navy
104. Iron/steel	115. Utilities
105. Longshore	116. Grace asbestos manufacture or milling
106. Maritime	117. Non-Grace asbestos manufacture or milling
107. Military (other than U.S. Navy)	118. Other
108. Non-asbestos products manufacturing	

WR GRACE PIQ 016262-0006

E. PART IV – Indirect Exposure to Grace Asbestos-Containing Products

In Part IV, please provide the information requested for any injury alleged to have been caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person. If you allege exposure through contact/proximity with multiple injured persons, please complete a separate Part IV for each injured person. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

F. PART V – Exposure to Non-Grace Asbestos-Containing Products

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

G. PART VI -- Employment History

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

H. PART VII – Litigation and Claims Regarding Asbestos and/or Silica

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

I. PART VIII – Claims by Dependents or Related Persons

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

J. PART IX -- Supporting Documentation

In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

K. PART X -- Attestation that Information is True, Accurate and Complete

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

PART I: IDENTITY OF INJURED PERSON AND LEGAL COUNSEL

WR GRACE PIQ 015282-0007

REDACTED

GENERAL INFORMATION

1. Name of Claimant: _____
First _____ MI _____ Last _____

2. Gender: Male Female

3. Race (for purposes of evaluating Pulmonary Function Test results): _____ White/Caucasian
 African American
 Other

4. Last Four Digits of Social Security Number: _____

5. Birth Date: _____

6. Mailing Address: _____
Address _____ City _____ State/Province _____ Zip/Postal Code _____

7. Daytime Telephone Number: _____ (_____) _____

LAWYER'S NAME AND FIRM

1. Name of Lawyer: Michelle Norton

2. Name of Law Firm With Which Lawyer is Affiliated: Waters & Kraus LLP

3. Mailing Address of Firm: 3219 McKinney Ave. Dallas TX 75204
Address _____ City _____ State/Province _____ Zip/Postal Code _____

4. Law Firm's Telephone Number or Lawyer's Direct Line: (214) 357-6244

Check this box if you would like the Debtors to send subsequent material relating to your claim to your lawyer, in lieu of sending such materials to you.

CAUSE OF DEATH (IF APPLICABLE)

1. Is the injured person living or deceased? _____ Living Deceased
If deceased, date of death: _____ / _____ / _____

2. If the injured person is deceased, then attach a copy of the death certification to this Questionnaire and complete the following:
Primary Cause of Death (as stated in the Death Certificate): _____
Contributing Cause of Death (as stated in the Death Certificate): _____

PART II: ASBESTOS-RELATED CONDITION(S)

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

1. Please check the box next to the condition being alleged:

<input type="checkbox"/> Asbestos-Related Lung Cancer	<input type="checkbox"/> Mesothelioma
<input type="checkbox"/> Asbestosis	<input type="checkbox"/> Other Cancer (cancer not related to lung cancer or mesothelioma)
<input type="checkbox"/> Other Asbestos Disease	<input type="checkbox"/> Clinically Severe Asbestosis

a. Mesothelioma: If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that apply):

- diagnosis from a pathologist certified by the American Board of Pathology
- diagnosis from a second pathologist certified by the American Board of Pathology
- diagnosis and documentation supporting exposure to Grace asbestos-containing products having a substantial causal role in the development of the condition
- other (please specify): _____

RECD JUL 11 2006

REDACTED



PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

WR GRACE PIQ 016282-0008

b. Asbestos-Related Lung Cancer: If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on the following (check all that apply):

- findings by a pathologist certified by the American Board of Pathology
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis determined by pathology
- evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
- other (please specify): _____

c. Other Cancer:

(i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:

- colon pharyngeal esophageal laryngeal stomach cancer
- other, please specify: _____

(ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):

- findings by a pathologist certified by the American Board of Pathology
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis determined by pathology
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
- other (please specify): _____



WR GRACE PIQ 016282-0009

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

d. **Clinically Severe Asbestosis:** If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that apply):

- diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- asbestosis determined by pathology
- a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing: Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted
- a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing: Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- other (please specify): _____

e. **Asbestosis:** If alleging Asbestosis, was your diagnosis based on the following (check all that apply):

- diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- asbestosis determined by pathology
- a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing: Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- other (please specify): _____



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PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

f. Other Asbestos Disease: If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, was your diagnosis based on the following (check all that apply):

- diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- diagnosis determined by pathology
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a chest x-ray reading other than those described above
- a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing: Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- a pulmonary function test other than that discussed above
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
- a CT Scan or similar testing
- a diagnosis other than those above
- other (please specify): _____

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PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

2. Information Regarding Diagnosis

Date of Diagnosis: _____ / _____ / _____

Diagnosing Doctor's Name: _____

Diagnosing Doctor's Specialty: _____

Diagnosing Doctor's Mailing Address: _____
Address _____

City _____ State/Province _____ Zip/Postal Code _____

Diagnosing Doctor's Daytime Telephone Number: _____ (_____) _____ - _____

With respect to your relationship to the diagnosing doctor, check all applicable boxes:

Was the diagnosing doctor your personal physician? _____ Yes NoWas the diagnosing doctor paid for the diagnostic services that he/she performed? _____ Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? _____ Yes NoWas the diagnosing doctor referred to you by counsel? _____ Yes NoAre you aware of any relationship between the diagnosing doctor and your legal counsel? _____ Yes No

If yes, please explain: _____

Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? _____ Yes NoWas the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? _____ Yes NoWas the diagnosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis? _____ Yes NoDid the diagnosing doctor perform a physical examination? _____ Yes NoDo you currently use tobacco products? _____ Yes NoHave you ever used tobacco products? _____ Yes No

If answer to either question is yes, please indicate whether you have regularly used any of the following tobacco products and the dates and frequency with which such products were used:

 Cigarettes _____ Packs Per Day (half pack = .5) _____ Start Year _____ End Year _____ Cigars _____ Cigars Per Day _____ Start Year _____ End Year _____ If Other Tobacco Products, please specify (e.g., chewing tobacco): _____
Amount Per Day _____ Start Year _____ End Year _____Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? _____ Yes No

If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:

3. Information Regarding Chest X-Ray

Please check the box next to the applicable location where your chest x-ray was taken (check one):

 Mobile laboratory Job site Union Hall Doctor office Hospital Other: _____

Address where chest x-ray taken: _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

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4. Information Regarding Chest X-Ray Reading

Date of Reading: ____ / ____ / ____ ILO score: _____

Name of Reader: _____

Reader's Daytime Telephone Number: (_____) _____

Reader's Mailing Address: _____
Address _____

City _____ State/Province _____ Zip/Postal Code _____

With respect to your relationship to the reader, check all applicable boxes:

Was the reader paid for the services that he/she performed? Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the reader? Yes NoWas the reader referred to you by counsel? Yes NoAre you aware of any relationship between the reader and your legal counsel? Yes No

If yes, please explain: _____

Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading? _____

..... Yes No

If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made: _____

5. Information Regarding Pulmonary Function Test: Date of Test: ____ / ____ / ____

List your height in feet and inches when test given: ft _____ inches

List your weight in pounds when test given: lbs

Total Lung Capacity (TLC): % of predicted

Forced Vital Capacity (FVC): % of predicted

FEV1/FVC Ratio: % of predicted

Name of Doctor Performing Test (if applicable): _____

Doctor's Specialty: _____

Name of Clinician Performing Test (if applicable): _____

Testing Doctor or Clinician's Mailing Address: _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Testing Doctor or Clinician's Daytime Telephone Number: (_____) _____

Name of Doctor Interpreting Test: _____

Doctor's Specialty: _____

Interpreting Doctor's Mailing Address: _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Interpreting Doctor's Daytime Telephone Number: (_____) _____



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PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

With respect to your relationship to the doctor or clinician who performed the pulmonary function test check all applicable boxes:

If the test was performed by a doctor, was the doctor your personal physician? Yes No

Was the testing doctor and/or clinician paid for the services that he/she performed? Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician? Yes No

Was the testing doctor or clinician referred to you by counsel? Yes No

Are you aware of any relationship between either the doctor or clinician and your legal counsel? Yes No

If yes, please explain: _____

Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test? Yes No

With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:

Was the doctor your personal physician? Yes No

Was the doctor paid for the services that he/she performed? Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? Yes No

Was the doctor referred to you by counsel? Yes No

Are you aware of any relationship between the doctor and your legal counsel? Yes No

If yes, please explain: _____

Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed? Yes No

6. Information Regarding Pathology Reports:

Date of Pathology Report: / /

Findings: _____

Name of Doctor Issuing Report: _____

Doctor's Specialty: _____

Doctor's Mailing Address: _____
Address _____

City	State/Province	Zip/Postal Code
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Doctor's Daytime Telephone Number: () _____ - _____

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:

Was the doctor your personal physician? Yes No

Was the doctor paid for the services that he/she performed? Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? Yes No

Was the doctor referred to you by counsel? Yes No

Are you aware of any relationship between the doctor and your legal counsel? Yes No

If yes, please explain: _____

Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No



PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

7. With respect to the condition alleged, have you received medical treatment from a doctor for the condition?

Yes No

If yes, please complete the following:

Name of Treating Doctor: _____

Treating Doctor's Specialty: _____

Treating Doctor's Mailing Address: _____
Address _____

City	State/Province	Zip/Postal Code
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Treating Doctor's Daytime Telephone number:(_____)_____

Was the doctor paid for the services that he/she performed? Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? Yes No

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PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each site in which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Grace asbestos-containing products
- (b) A worker who personally removed or cut Grace asbestos-containing products
- (c) A worker who personally installed Grace asbestos-containing products
- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify: _____

Site of Exposure:	Site Name:	Location:	Employer During Exposure:	Unions of which you were a member during your employment:	Industry:	Waste product, dust or runoff from:	Occupation:	Industry Code:	Nature of Exposure:
Site 1 Description:	Site 1 Name: Grace Products	Site 1 Location: Grace Products	Site 1 Employer: Grace Products	Site 1 Unions: (hours/day, days/year)	Site 1 Industry: Construction	Site 1 Waste product: Dust	Site 1 Occupation: Construction Worker	Site 1 Industry Code: 45	Site 1 Nature of Exposure: Installed, mixed, removed, cut, or cut by others
Job 1 Description:									
Job 2 Description:									
Job 3 Description:									
Job 4 Description:									
Job 5 Description:									
Job 6 Description:									

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